

	A	B	C	D	E	F	G	H	I	J
1	STATE OF CALIFORNIA								Budget Year 2012-13	
2	CAPITAL OUTLAY BUDGET CHANGE PROPOSAL (COBCP)								Org Code:	
3	FISCAL IMPACT WORKSHEET								COBCP #:	
4	Department Title:								Priority:	
5	Project Title:								Proj ID:	
6	Program Category:								MA/MI:	
7	Program Subcategory:									
8	(dollars in thousands)			Existing Authority	January 10 Action	April 1 Action	May 1 Action	Special Action	Net Legis Changes	Project Total
9	FUNDING									
10	org-ref-fund-yoa-yob ph action									
11										0
12										0
13										0
14										0
15										0
16										0
17										0
18										0
19										0
20										0
21										0
22										0
23										0
24										0
25	TOTAL FUNDING			0	0	0	0	0	0	0
26	PROJECT COSTS									0
27	Study									0
28	Acquisition									0
29	Preliminary Plans									0
30	Working Drawings									0
31	Total Construction			0	0	0	0	0	0	0
32	Equipment (Group 2)									0
33	TOTAL COSTS			0	0	0	0	0	0	0
34	CONSTRUCTION DETAIL									0
35	Contract									0
36	Contingency									0
37	A&E									0
38	Agency Retained									0
39	Other			0						0
40	TOTAL CONSTRUCTION			0	0	0	0	0	0	0
41	FUTURE FUNDING			0	0	0	0	0	0	0
42										
43	SCHEDULE			mm/dd/yyyy	PROJECT SPECIFIC CODES					
44	Study Completion				Proj Mgmt:		Location:			
45	Acquisition Approval				Budg Pack:		County:			
46	Start Preliminary Plans				Proj Cat:		City:			
47	Preliminary Plan Approval				Req Legis:		Cong Dist:			
48	Approval to Proceed to Bid				Req Prov:		Sen Dist:			
49	Contract Award Approval				SO/LA Imp:		Assm Dist:			
50	Project Completion									

	A	B	C	D	E	F	G	H	I	J
51	STATE OF CALIFORNIA									Budget Year 2012-13
52	CAPITAL OUTLAY BUDGET CHANGE PROPOSAL (COBCP)									Org Code: 0
53	FISCAL DETAIL WORKSHEET									COBCP #: 0
54	Department Title:	0							Priority:	0
55	Project Title:	0							Proj ID:	0
56	Program Category:	0							MA/MI:	0
57	Program Subcategory:	0								
58	Identify all items which fit into the categories listed below. Attach a detailed list if funding is included in this request. Provide descriptions and summary estimates for items for which you plan to request funding in the future. When possible, identify funding needs by fiscal year (BY+1 through BY +4).									
59										
60										
61	PROJECT RELATED COSTS								COST	TOTAL
62	AGENCY RETAINED:									
63										
64										
65										
66										
67										
68	TOTAL AGENCY RETAINED									0
69	GROUP 2 EQUIPMENT									
70										
71										
72										
73										
74										
75										
76										
77										
78	TOTAL GROUP2 EQUIPMENT									0
79	IMPACT ON SUPPORT BUDGET								COST	TOTAL
80	ONE-TIME COSTS									
81										
82										
83										
84										
85	TOTAL SUPPORT ONE-TIME COSTS									0
86	ANNUAL ONGOING FUTURE COSTS									
87										
88										
89										
90	TOTAL SUPPORT ANNUAL COSTS									0
91	ANNUAL ONGOING FUTURE SAVINGS									
92										
93										
94										
95	TOTAL SUPPORT ANNUAL SAVINGS									0
96	ANNUAL ONGOING FUTURE REVENUE									
97										
98										
99										
100	TOTAL SUPPORT ANNUAL REVENUE									0

	A	B	C	D	E	F	G	H	I	J
101	STATE OF CALIFORNIA								Budget Year 2012-13	
102	CAPITAL OUTLAY BUDGET CHANGE PROPOSAL (COBCP)								Org Code:	0
103	SCOPE/ASSUMPTIONS WORKSHEET								COBCP #:	0
104									Priority:	0
105	Department Title:	0							Proj ID:	0
106	Project Title:	0							MA/MI:	0
107	Program Category:	0								
108	Program Subcategory:	0								
109	<p><b>Project Specific Proposals:</b> For new projects provide proposed Scope language. For continuing projects provide the latest approved Scope language. Enter Scope language in cell A111.</p>									
110	<p><b>Conceptual Proposals:</b> Provide a brief discussion of proposal defining assumptions supporting the level of funding proposed by fiscal year in relation to outstanding need identified for that fiscal year. (Also include scope descriptions for BY+1 through BY+4 in cell A111.)</p>									
111										